



Student Health Services

OPS/Student Employment Application

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If you need an accommodation in completing this application, please notify a representative of the organization.

Applicant name: _____ Date: _____

Address: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Position(s) applied for or type of work desired: _____

How were you referred? _____

Type of employment desired: _____ FT _____ PT _____ Temporary

Date available to start work: _____

Do you have any relatives who are currently employed by the University? _____

If yes, please provide their name and relationship: _____

Are you legally authorized to work in the United States? _____

Application for _____, cont.

Employment History

Please provide all employment information for your past three employers starting with the most recent.

1. Employer: _____
Position/s held: _____
Address: _____
Telephone#: _____
Immediate supervisor and title: _____
Dates employed: from to Salary: _____
May we contact this employer? _____
Reason for leaving: _____
Summary of duties: _____

2. Employer: _____
Position/s held: _____
Address: _____
Telephone#: _____
Immediate supervisor and title: _____
Dates employed: from to Salary: _____
May we contact this employer? _____
Reason for leaving: _____
Summary of duties: _____

3. Employer: _____
Position/s held: _____
Address: _____
Telephone#: _____
Immediate supervisor and title: _____
Dates employed: from to Salary: _____
May we contact this employer? _____
Reason for leaving: _____
Summary: _____

Application for _____, cont.

Other Skills and Qualifications

Summarize any job-related training, skills, computer knowledge, licenses, certificates, and any other information you believe is relevant to your qualifications for this job: _____

Educational History

| TYPE OF SCHOOL | NAME OF SCHOOL | MAJOR & DEGREE or COMPLETED | YEARS |
|----------------------|----------------|-----------------------------|-------|
| High School | | | |
| | | | |
| College | | | |
| | | | |
| Bus. Or Trade School | | | |
| | | | |
| Professional School | | | |
| | | | |

References

List 3 references, including their names, telephone numbers, your role with them, and years known (do not include relatives or friends. These need to be people who supervised you in some capacity.):

1. _____

2. _____

3. _____

Application for _____, cont.

Release

I hereby authorize UCF Student Health Services to contact, obtain, and verify the accuracy of information contained in this application from previous employers, educational institutions, and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

I understand as an applicant for employment or an employee, of the UCF Student Health Services, I am a consumer with rights under the Fair Credit Reporting Act. The University may request a consumer report or an investigative consumer report of me from a consumer agency at any time during the process of evaluating my application for employment, promotion, reassignment or retention.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant signature: _____ Date: _____



Student Health Services

University of Central Florida Health Center

Name: _____

Date: _____

Semester: Spring Summer A Summer B Fall

AVAILABILITY TO WORK

(Please list times you are able work 7:30am-6:00pm)

| | |
|-----------|--|
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Saturday | |

Number of Hours Requested Weekly: _____

- I agree to work at least 15 hours (20 preferred) weekly.
- I agree to work at least 3 blocks of 5 consecutive hours per week (Ex: 7:30-12:30; 8:00-1:00, 12:00-5:00 or 1:00-6:00pm).
- If not selected as candidate for desired department, please forward my application to other Student Health Service departments (optional).

Please return this form along with:

- A printout of your class schedule
- A completed OPS/Student Employment Application that includes 3 professional references (previous employer, current employer, volunteer supervisor, professor)
- Resume is preferred